

SERIAL NUMBER 09/478,231 REISSUE	FILING DATE 01/03/00	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. OKTA-6-RE
APPLICANT  KOICHIRO HORI, FRAMINGHAM, MA; HERBERT A. THALER, FRAMINGHAM, MA.				
**CONTINUING DOMESTIC DATA***** VERIFIED      THIS APPLN IS A RE OF    08/545,927 10/20/95 PAT     5,662,584 WHICH IS A CIP OF       08/319,886 10/07/94 PAT     5,582,576  <u>Jm</u>				
**371 (NAT'L STAGE) DATA***** VERIFIED  <u>NKJ</u> Jm				
**FOREIGN APPLICATIONS***** VERIFIED  <u>NKJ</u> Jm				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/15/00 ** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY  MA	SHEETS DRAWING  27	TOTAL CLAIMS  14
				INDEPENDENT CLAIMS  3
ADDRESS  PANDISCIO & PANDISCIO 470 TOTTEN POND ROAD WALTHAM MA 02154				
TITLE  ZOOM LENS UNIT AND IMAGING DEVICE				
FILING FEE RECEIVED  \$345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/478,231	<b>FILING DATE</b> 01/03/2000 <b>RULE</b> _	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> OKTA-6-RE
<b>APPLICANTS</b> KOICHIRO HORI, FRAMINGHAM, MA ; HERBERT A. THALER, FRAMINGHAM, MA ;  <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A REI OF 08/545,927 10/20/1995 PAT 5,662,584 WHICH IS A CIP OF 08/319,886 10/07/1994 PAT 5,582,576  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 02/15/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 27	<b>TOTAL CLAIMS</b> 14
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b>  PANDISCIO & PANDISCIO 470 TOTTEN POND ROAD WALTHAM ,MA 02451				
<b>TITLE</b> ENDOSCOPE WITH POSITION DISPLAY FOR ZOOM LENS UNIT AND IMAGING DEVICE				
<b>FILING FEE RECEIVED</b> 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees ( Filing )	
			<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	
			<input type="checkbox"/> 1.18 Fees ( Issue )	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Credit	